MS BETTYE MONROE - PHONE: (609) 989-6770 SUPERINTENDENT of ELECTIONS/COMMISSIONER of REGISTRATION 640 SOUTH BROAD STREET P.O. BOX 8068 TRENTON, NEW JERSEY 08650-0068

## DEAR COMMISSIONER:

This is my request for your authorization to supply me with Mercer County's Voter registration information. I understand that I am not permitted to use this information for commercial solicitation. My order is as follows:

Municipality (s) or Entire Co	ounty of:				
COMPACT DISC	C (fixed or comma		ntire County \$100.00 rtial County \$ 50.00	l	
LABELS (\$ .04	Cents per label \$6	5.00 minimum	to 100 labels)		
REGISTRATION LISTS (ex: Street, Alpha, by municipality etc.) (\$.02 Cents per sheet \$5.00 minimum up to 165 sheets					
*This fee is under Title 19 p	er Statute 19:31-1	8.1 B			
DESCRIPTION of MATERIA	AL NEEDED				
Enclosed is Check payable to	o MERCER COUN	JTY for \$			
MY NAME - PRINTED	,				
HOME PHONE			WORK PHONE		
ADDRESS		CITY	STATE	ZIP	
RECEIVED:	"NO REFUNDS	ON RETURN	NED MEDIA"		
SIGNED:					
DATE:					